Example 1: Addendum with a Prorated Budget (Adding New DD Services)

1) Medicaid DD Costing Sheet Example:

The child's budget amount that was approved/authorized by ICDE to be spent for a year (Ex. \$4,900)

ONLY FOR ADDENDUMS: The amount of budget spent to date nnual IFSP (Billing Admin checks in QNXT or Cognos for amount)

y the IFSP s to 1 ability services that remain within the child's n's Developmental Disability services cannot

The projected amount Medicaid will pay for the child's DD services during the addendum date span (Total from the excel sheet)

DD (State Plan HCBS)

ncy for currently provide require a new costing shee Ex: \$2,356-\$0 =\$2,356 your child's authorized bud

ONLY FOR ADDENDUMS: The difference between the "Authorized Budget Amount" or "Prorated Budget Amount", and the "Estimated Budget Usage to

Authorized Annual Budget Amount: \$4,900 Estimate of Budget Usage To Date:

\$1,369.10 Medicaid Total:

\$2,356 Remaining Budget Amount:

Service Provider	Service Type	Start Date	End Date	Hours	Freq	How Often	Hourly Cost	Weekly Cost	Monthly Cost	Annual Cost
			- 1 1						Cost	
DS	Family Ed - Individual	9/1/13	2/28/14	1.00	1	Weekly	\$45.40	\$45.40		\$1,173.91
Independent Respite	Respite - Individual Ind	9/1/13	2/28/14	4.00	1	Monthly	\$8.20		\$32.80	\$195.18
							₩			
			TOTALS	5			\$53.60	\$45.40	\$32.80	\$1,369.10

The new DD services were
added with 25 weeks
remaining in the IFSP year.
Ex.
\$4,900/52 weeks = \$94.23
\$94.23 x 25 weeks =
\$2 355 75

ol used by case managers to project the cost of services and ensure the child's annual budget is not exceeded.

Has the budget been prorated to address a transition? \boxtimes Yes \square No

If Yes, your child's budget is prorated to \$2,356 for the 25 weeks remaining in your child's plan year.

Providers must deliver Medicaid Children's Developmental Disability services in accordance with the type, amount, duration and frequency specified on the Individualized Family Service Plan (IFSP). Services delivered that are not authorized on the IFSP may be subject to recoupment by the Department.

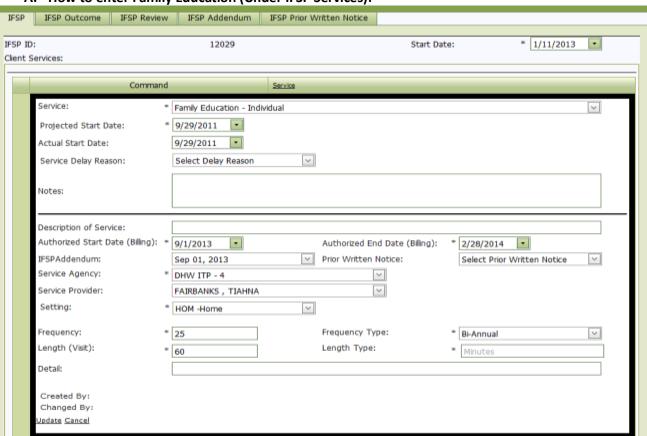
2) IFSP Summary of Services Page Example:

Summary of Services

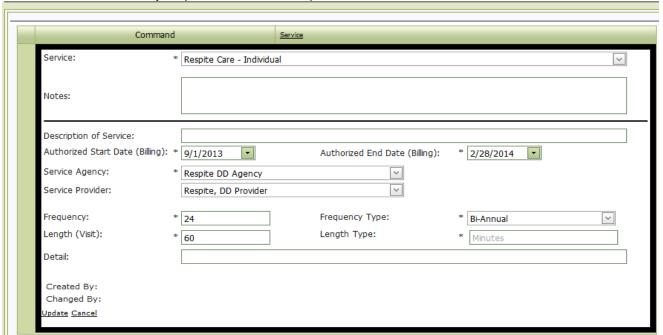
- Gairina y	OI DEI VICES									
Early Intervention Services	Person(s)/Agency(ies) Responsible	Start Date End Date (Duration)	Length (time service provided) Frequency (# of days or sessions) Intensity (individual/group) Method (how service provided)	Funding Source If Medicaid, MID #	*NE					
		, ,	Location (place of service)		Υ	N				
Family Education	Developmental Specialist	9/1/13 - 2/28/14	Individual, direct intervention, 60 minutes per session, 25 sessions, home and child care center	Medicaid	✓					
Other services the child or family needs or is receiving through other sources that are not required or funded by the Infant Toddler Program (Part C of IDEA)										
Respite	Independent Respite Provider	9/1/13 to 2/28/14	Individual, direct service, 60 minutes per session, 24 sessions (may be back to back), home.	Medicaid	√					

3) ITP KIDS IFSP Example:

A. How to enter Family Education (Under IFSP Services):



B. How to enter Respite (Under Case Services):



Example 2: Addendum with a Prorated Budget (Changing Existing DD Services)

1) Medicaid DD Costing Sheet Example:

ONLY FOR ADDENDUMS: **ONLY FOR ADDENDUMS:** The projected amount The amount of budget The difference between The child's budget Medicaid will pay for the spent to date the Prorated Budget amount that was nual IFSP IFS child's DD services during D (State Plan HCBS) (Billing Admin checks in Amount (In Example 1), and approved/authorized by the addendum date span QNXT or Cognos for the "Estimated Budget ICDE to be spent for a (Total from the excel amount) Usage to Date" year to th sheet) y for currently provided the IFSP Ex: \$2,356-\$802 =\$1,554 (Ex. \$4,900) ability services that remain within the child's require a new costing shee dren's Developmental Disability services cani. of your child's authorized l

Authorized Annual Budget Amount: \$4,900 Medicaid Total: \$656.82

Estimate of Budget Usage To Date: \$802 Remaining Budget Amount: \$1,554

Service Provider	Service Type	Start Date	End Date	Hours	Freq	How Often	Hourly Cost	Weekly Cost	Monthly Cost	Annual Cost
DS	Family Ed - Individual	12/15/13	2/28/14	1.00	1	Weekly	\$45.40	\$45.40		\$492.91
Independent Respite	Respite - Individual Ind	12/15/13	2/28/14	,8.00	1	Monthly	\$8.20		\$65.60	\$163.91
	Adde	endum: ed 4 more ho ite per mont								
		TOTALS	9	<u> </u>		\$53.60	\$45.40	\$65.60	\$656.82	